


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90304 034 ***150.00

DOCUMENT # P05000042459

1. Entity Name
INVERMAX INVESTMENTS CORPORATION



Principal Place of Business Mailing Address

**663 CARRINGTON LANE
 WESTON FL 33326** **663 CARRINGTON LANE
 WESTON FL 33326**



2. Principal Place of Business 3. Mailing Address

1940 WESTON ROAD **3639 SAN SIMEON**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
CIRCLE

1st MOORE CR2E034 (10/05)

City & State City & State

WESTON, FLORIDA **WESTON, FLORIDA**

Zip Country Zip Country

33326 **U.S.A.** **33331** **U.S.A.**

4. FEI Number Applied For

20-2539474 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NICOLAIDIS, MARCOS
 663 CARRINGTON LANE
 WESTON FL 33326**

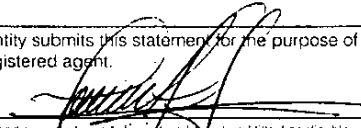
7. Name and Address of New Registered Agent

Name **MARCOS NICOLAIDIS**

Street Address (P.O. Box Number is Not Acceptable) **3639 SAN SIMEON CIRCLE**

City **WESTON** FL Zip Code **33331**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **04-06-06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	NICOLAIDIS, MARCOS	
STREET ADDRESS	663 CARRINGTON LANE	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICOLAIDIS, MARCOS	
STREET ADDRESS	3639 SAN SIMEON CIRCLE	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **04-06-06** DAYTIME PHONE #: **954-661-9061**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #